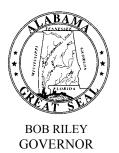
STATE OF ALABAMA DEPARTMENT OF INSURANCE



State Fire Marshals Office 201 Monroe Street, Suite 1790 Post Office Box 303352 Montgomery, Alabama 36130-3352

Telephone: (334) 241-4166 Facsimile: (334) 241-4158 WALTER A. BELL COMMISSIONER

Acting State Fire Marshal Richard W. Montgomery

APPLICTAION FOR WEEKLY FIRE PUMP TEST PERMIT

The fee of \$200.00, per person-per pump, for the non-transferable two-year permit must accompany this application.

In compliance with Alabama Department of Insurance Regulation Number 482-2-103, I hereby apply for a State Fire Marshal's Weekly Fire Pump Test Permit to perform the weekly test required by the National Fire Protection Association Standard for Water Based Fire Protection Systems NFPA 25. I have been trained, tested, and certified to perform these tests and understand that the first test performed on the fire pump, identified below, each year must be witnessed and approved by the fire protection sprinkler contractor responsible for the overall maintenance of this pump and system.

APPLICANT'S NAME:	(REQUIRED)DOB
EMPLOYER/FIRE PUMP OWNER:	
PHYSCIAL ADDRESS OF EMPLOYER:	ADDRESS, CITY, STATE, ZIP CODE
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PHYSICAL ADDRESS OF FIRE PUMP:	ADDRESS, CITY, STATE, ZIP CODE
	OF THIS FIRE PUMP:
FIRE PROTECTION SPRINKLER CONTRATHIS PUMP & SYSTEM:	ACTOR RESPONSIBLE FOR OVERALL MAINTENANCE OF
Applicant's Signature/Date	Supervisor's Signature/Date
FOR STATE FIRE MARSHALS OFFICE USE VERIFICATION APPLICANT WAS TRAINED, TEST	ONLY! TED, AND CERTIFIED TO PERFORM WEEKLY FIRE PUMP TEST –